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OFFICIAL

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CERTIFICATE OF FACSIMILE TRANSMISSION TO THE
UNITED STATES PATENT AND TRADEMARK OFFICE

DATE: April 5, 2004

TO: Examiner: Jerry E. Redman : RE: U.S. Patent Application
Art Unit: 3634 : Serial No.: 09/682,423
Fax: 703-872-9306 : Applicant: Kiesler et al.
From: Thomas M. Fisher : Atty. Dkt. No.: 9D-DW-19892

DOCUMENTS SUBMITTED WITH TRANSMISSION:

*Amendment to the Office Action dated February 17, 2004 (12 pgs.)
Amendment Transmittal (3 pgs.)
Certificate of Transmission via Facsimile (1 pg.)*

*Total pages including cover page: 16
If all pages are not received, please contact: Laura Davis at Ext. 7447*

*RE: The above referenced U.S. Patent Application
Title: DISHWASHER BOTTOM DOOR SEAL
Filed: August 31, 2001*

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that these papers are being facsimile transmitted to the U.S. Patent and Trademark Office, Facsimile Number 703-872-9306 on the date shown above.


Thomas M. Fisher, Reg. No.: 47,564

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PATENT
Attorney Docket No.: 9D-DW 19892

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Kiesler et al. : Art Unit: 3634
Serial No.:09/682,423 : Examiner: Redman, Jerry E.
Filed: August 31, 2001 :
For: DISHWASHER BOTTOM :
DOOR SEAL :

**Mail Stop: NON-FEE AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

TRANSMITTAL

1. Transmitted herewith is:
 - Amendment in response to Office Action dated February 17, 2004 (12 pgs.)
 - Amendment Transmittal (3 pgs.)
 - Certificate of Transmission via Facsimile (1 pg.)

STATUS

2. Applicant
X claims small entity status.
_____ is other than a small entity.

CERTIFICATE OF MAILING/TRANSMISSION

**CERTIFICATE OF MAILING BY EXPRESS MAIL TO
THE COMMISSIONER FOR PATENTS**

FACSIMILE

Express Mail No.:

Date:

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to: Mail Stop: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: April 5, 2004

X transmitted by facsimile to the Patent and Trademark Office
Via Facsimile: (703) 872-9306


Thomas M. Fisher
Reg No.: 47,564

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
first month	\$ 110.00	\$ 5.00
second month	\$ 420.00	\$ 210.00
third month	\$ 950.00	\$ 475.00
fourth month	\$1,480.00	\$ 740.00
fifth month	\$2,010.00	\$1,005.00

Fee: \$0.00

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

An extension of months has already been secured. The fee paid therefor \$ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$0.00

OR

- (b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE OR	ADDITIONAL RATE FEE
TOTAL INDEP.	18	MINUS	20	=0	x \$9 = \$0
	4	MINUS	4	=0	x \$43 = \$0
	<u>— FIRST PRESENTATION OF MULTIPLE DEP. CLAIM</u>			+ \$145 = \$	+ \$290 = \$
				TOTAL ADDITIONAL FEE \$	TOTAL ADDITIONAL FEE \$0.00

(a) No additional fee for Claims is required

OR

(b) Total additional fee for claims required _____

FEE PAYMENT

5. Attached is a check in the sum of \$_____

Charge Deposit Account No. 01-2384 the sum of \$_____.
A duplicate of this transmittal is attached.

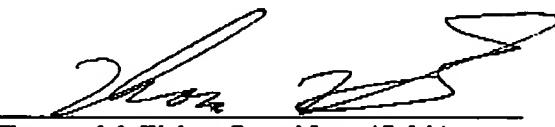
FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7. Other: _____



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